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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 1@ Application and Enrollment

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Section 51000.53@ Deactivation of a Provider Number(s) or Location(s)

## **51000.53 Deactivation of a Provider Number(s) or Location(s)**

### **(a)**

The Department shall deactivate, immediately and without prior notice, a provider's provider number(s) or location(s) used to obtain reimbursement from the Medi-Cal program, under the following circumstances: (1) When warrants or documents mailed to a provider's mailing address, pay to address, or business address, are returned by the United States Postal Service as not deliverable. (2) When a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. (3) When the person or entity that was enrolled no longer exists by operation of law or otherwise. (4) When an application for change in location, pursuant to Welfare and Institutions Code Section 14043.26(k), is approved the prior location shall be deactivated. (5) When the provider has a license, certificate, or other approval to provide healthcare revoked or suspended by a federal, California, or another state's licensing, certification, or approval authority, or has otherwise lost that license, certificate, or approval, or has surrendered that license, certificate, or approval while a disciplinary hearing on that license, certificate, or approval was pending. (6) When a provider receives written notice that it is subject to the requirement for continued enrollment pursuant to Section 51000.55 and fails to respond to the Department within the time frames required by Sections 51000.50 and 51000.55. (7) When a provider

submits a written request for termination or deactivation of its provider number(s) or location(s). (8) When an application submitted pursuant to Section 51000.30(b) is approved, and the provider transferor and transferee applicant meet the requirements set forth in Section 51000.32, the provider status of the transferor at that location shall be deactivated. (9) When an application submitted pursuant to Section 51000.30(b) is denied on the transferee applicant's failure to meet the criteria specified in Section 51000.50(a), the provider transferor's provider number or location shall be deactivated.

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When warrants or documents mailed to a provider's mailing address, pay to address, or business address, are returned by the United States Postal Service as not deliverable.

**(2)**

When a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year.

**(3)**

When the person or entity that was enrolled no longer exists by operation of law or otherwise.

**(4)**

When an application for change in location, pursuant to Welfare and Institutions Code Section 14043.26(k), is approved the prior location shall be deactivated.

**(5)**

When the provider has a license, certificate, or other approval to provide healthcare revoked or suspended by a federal, California, or another state's licensing, certification, or approval authority, or has otherwise lost that license, certificate, or approval, or has surrendered that license, certificate, or approval while a disciplinary hearing on that license, certificate, or approval was pending.

**(6)**

When a provider receives written notice that it is subject to the requirement for continued enrollment pursuant to Section 51000.55 and fails to respond to the Department within the time frames required by Sections 51000.50 and 51000.55.

**(7)**

When a provider submits a written request for termination or deactivation of its provider number(s) or location(s).

**(8)**

When an application submitted pursuant to Section 51000.30(b) is approved, and the provider transferor and transferee applicant meet the requirements set forth in Section 51000.32, the provider status of the transferor at that location shall be deactivated.

**(9)**

When an application submitted pursuant to Section 51000.30(b) is denied on the transferee applicant's failure to meet the criteria specified in Section 51000.50(a), the provider transferor's provider number or location shall be deactivated.

**(b)**

Prior to taking action to deactivate a provider's number or specific location used by a provider to obtain reimbursement from the Medi-Cal program pursuant to subsections (a)(1) and (a)(2), the Department shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program.

**(c)**

During the provisional provider status period or preferred provisional provider status period, the Department shall deactivate a provider's number or the specific location used by a provider to obtain reimbursement from the Medi-Cal program pursuant to Welfare and Institutions Code Section 14043.27.

**(d)**

An applicant or provider who has used one or more provider numbers to obtain reimbursement from the Medi-Cal program for a specific location and who's provider number(s) or location(s) has been deactivated pursuant to this section may appeal this action pursuant to Welfare and Institutions Code Section 14043.65.